



# CREDIT APPLICATION FOR A BUSINESS ACCOUNT

## BUSINESS CONTACT INFORMATION

Title:  
 Company Name:  
 Phone: Fax: Email:  
 Registered Company address:  
 City: State: ZIP code:  
 Date business commenced:  
 Sole proprietorship: Partnership: Corporation: Other:

## BUSINESS AND CREDIT INFORMATION

Primary business address:  
 City:  
 How long at current address?  
 Telephone: Fax: Email:  
 Bank name:  
 Bank address: Phone:  
 City: State: ZIP code:  
 Type of account: Account number  
 Savings:  
 Checking:  
 Other:

## BUSINESS/TRADE REFERENCES

Company name:  
 Address:  
 City: State: ZIP code:  
 Phone: Fax: Email:  
 Type of account:  
 Company name:  
 Address:  
 City: State: ZIP code:  
 Phone: Fax: Email:  
 Type of account:  
 Company name:  
 Address:  
 City: State: ZIP code:  
 Phone: Fax: Email:  
 Type of account:

## AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Highway Safety Corp., to make inquiries into the banking and business/trade references that you supplied.

## SIGNATURES

Title: Title:  
 Date: Date: